



## 12. Professional Indemnity Insurance

Please provide us with detailed information about your professional liability insurance record, including the length of time for which you have held insurance. We may contact your insurers in the course of evaluating your application.

Do you hold or have you held professional indemnity insurance? Yes / No

Please provide details:

a) Current insurance company with contact details

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone or Email: \_\_\_\_\_

Period of insurance with company: \_\_\_\_\_

Policy number: \_\_\_\_\_

b) Previous insurance company, if applicable, with contact details

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone or Email: \_\_\_\_\_

Period of insurance with company: \_\_\_\_\_

Policy number: \_\_\_\_\_

c) Have any claims been made on your insurance? Yes / No

If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d) Have you ever had such insurance refused or altered subject to any increased premiums or loaded terms? Yes / No

If Yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 13. Declarations

- a) Have you ever been convicted of a criminal offence in the UK or elsewhere?  
 Yes / No
- b) Have you ever been disciplined by a professional or regulatory body in the UK or elsewhere?  
 Yes / No
- c) Have you ever had civil proceedings brought against you in the UK or elsewhere?  
 Yes / No
- d) If you answer yes to any of these questions please provide details with dates:

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### PLEASE TICK EACH BOX INDICATING YOUR AGREEMENT WITH THE STATEMENT

- I confirm that I have been in practice for a total of three years equivalent to 25 hours a week or more. The last of these years was completed within the last two years
- I can confirm the two case studies supplied are for current clients or clients who have been seen in the last 6 months. Case studies are dated
- I declare that I do not know of any medical reason that would affect my ability to practise my profession as a nutritional therapist.
- I agree to abide by the *CNHC Code of Conduct, Performance and Ethics* (details to be found on the CNHC website at [www.cnhc.org.uk](http://www.cnhc.org.uk)).
- I request assessment of eligibility for entry to the CNHC Register and agree to abide by the final decisions of BANT.
- I have enclosed all the required documents
- I agree to pay £225 to BANT for assessment of my portfolio either by BACS or Paypal and have contacted [membershipmanager@bant.org.uk](mailto:membershipmanager@bant.org.uk) to arrange payment. (I understand that this £225 scrutiny fee is non-refundable in case of nonacceptance on to the Register)
- I agree to the use of my contact details by the CNHC for the purpose of compiling their register and contacting me on matters relating to my application and for entry on the CNHC register

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name Printed (in caps): \_\_\_\_\_

#### **NOTE:**

- The **EXTERNAL FULL PORTFOLIO (EFP)** route is designed to show competence in all areas of your practice.
- Please carefully read through the information located at the following link - <https://bant.org.uk/portfolio-route-for-membership/>

## EXTERNAL FULL PORTFOLIO (EFP) APPLICATION CHECKLIST

In one large tear-proof envelope, you should submit **THREE** clear punched plastic wallets as follows:

**NB. Please do NOT send any original certificates – only copies.**

### PLASTIC WALLET 1

This should contain the following (Please tick ✓ all the boxes)

- Application form
- Agree to make a payment of £225 to BANT for assessing the portfolio application
- Legible copy of passport or identity card or driving licence
- Utility bill or bank statement (no more than 3 months old)
- Evidence of any name change if appropriate, e.g. photocopy of marriage certificate
- Sealed envelope containing completed Character Reference Form
- Legible copy of professional indemnity insurance or equivalent
- Qualifications, Training and Education Form
- Copies of relevant certificates

### PLASTIC WALLET 2 and PLASTIC WALLET 3

These should each contain 1 copy the following (Please tick ✓ all the boxes)

- Copy of the Qualifications, Training and Education Form
- Copies of relevant certificates
- Two comprehensive Case studies demonstrating your skill in Nutritional Therapy practice
- Assessment Checklist
- Career Summary and Statement of Practice
- Completed BANT Clinical Self-Audit

**NB: No documents will be returned.**

**You should ensure you keep a full copy of anything submitted.**

You should send your documents to:

**BANT, 27 Old Gloucester Street, London WC1N 3XX**

**You MUST use Recorded or Tracked delivery and must keep a copy of your submission as we can take no responsibility for loss.**